

9/20/06 Final

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Significant Compliance:

RD RP
(Y) N (Y) N

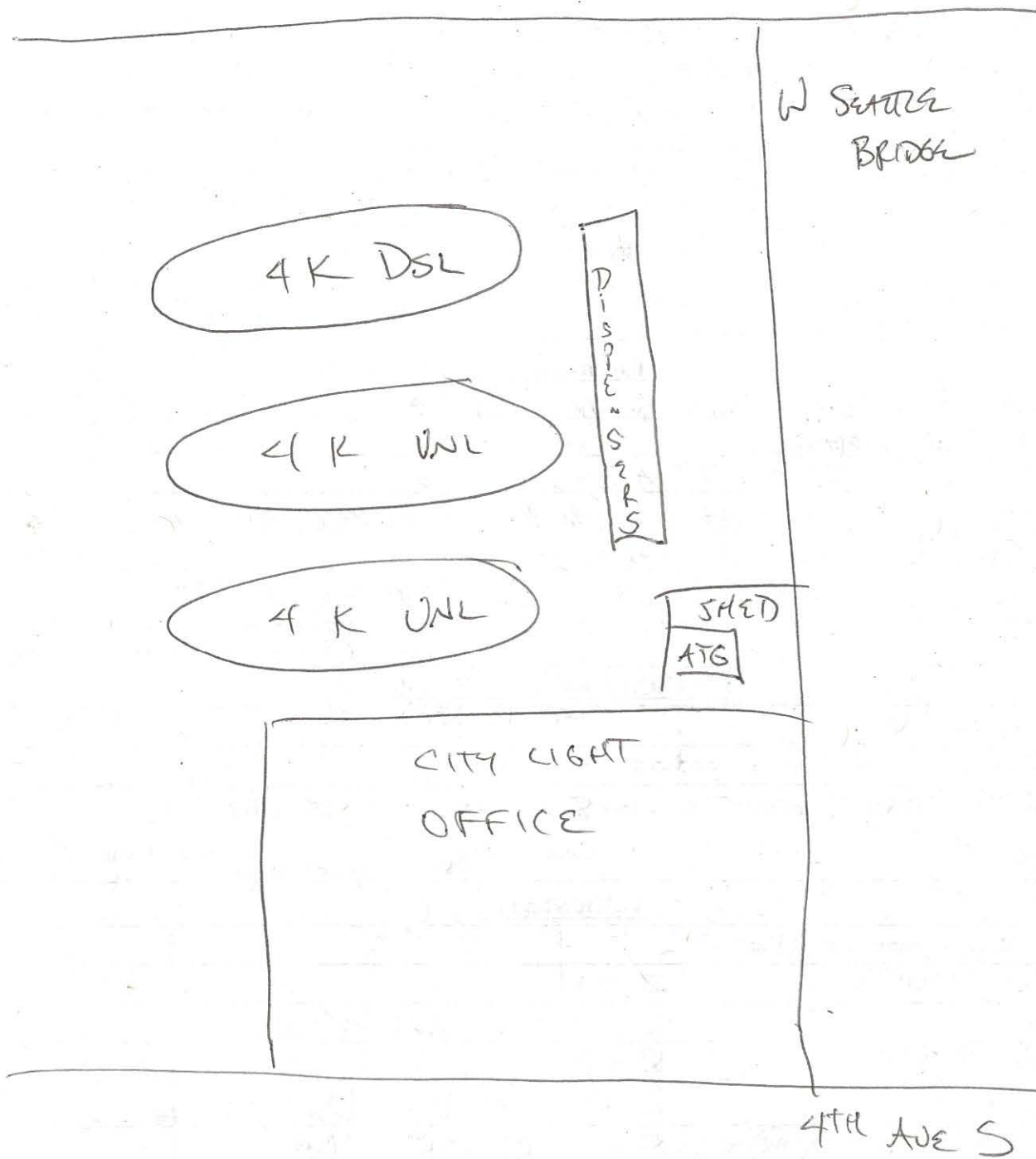
Facility# WA 8827Passed? (Y) NInspection Date 07/29/09 Time 10:05 AM to 11:20 AM GPS Reading N 47.57154 W 122.3308Lead Inspector CHARLOTTE BOWEN YOUNG Others CARLO BERTANI (LEAD)Facility Reps JENNIFER KINKAD - CITY LIGHT, JAM PRATT - SABYR
(* Credentials Presented)Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ OtherWaste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not ApplicableEnforcement Actions Taken Onsite: FNNC # FC # For \$ Verbal Warning for 40 CFR 280. SBA Info Sheet Given? (Y) NEnforcement Action Delayed for (Reason): **Facility Information**Location Name CITY LIGHT, SOUTH SERVICE CENTEROwner CITY OF SEATTLE Operator Address (Loc/Owner/Op) 3613 4TH AVE SCity SEATTLE State WA Zip 98134 Phone 206 386 1941Address (Loc/Owner/Op) 805 S CHARLES STCity SEATTLE State WA Zip Phone 206 386 1159

Tank #	<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	4	5	6
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FINANCIAL RESPONSIBILITY☒ Meets FR requirements?SSC 1 SSC 2 SSC 7☒ All tanks covered or (check which tanks are covered)Type: ☐ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☒ LG Bond Rating Test ☐ LG Fin Test ☐ Other Issuing Entity: Dates Coverage: 07/02/09 - 07/02/10In EPA Format? (Y) N**TANK STATUS**

Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>(CIU)</u> TOU POU	<input checked="" type="checkbox"/> All or					
Date installed:	<input type="checkbox"/> All or	<u>3/1989</u>	<u>3/1989</u>	<u>12/2005</u>		
Tank cap (gal): <u>4,000</u>	<input checked="" type="checkbox"/> All or					
Substance in Tank:	<input type="checkbox"/> All or	<u>UNL</u>	<u>UNL</u>	<u>DSL - GLASSER II</u>		
Tank Material: BS CPS COM FRP <u>(DW)</u> ExL Lin	<input checked="" type="checkbox"/> All or	<u>FRP</u>	<u>FRP</u>	<u>FLUO</u>		
Verified by: <u>(Visual)</u> Invoice Warranty Picture	<input type="checkbox"/> All or					
Emergency Generator Tank(s)? <u>N/A</u>	<input type="checkbox"/> All or					
Piping Material: GS CPS <u>(FRP)</u> FlexP <u>(DW)</u> SecC	<input checked="" type="checkbox"/> All or					
Verified by: <u>(Visual)</u> Invoice Warranty Picture	<input type="checkbox"/> All or					
Piping Type: Grav Pres <u>(SafeSue)</u> U.S.Suc	<input checked="" type="checkbox"/> All or					
Date last used:	<input checked="" type="checkbox"/> NA <input type="checkbox"/> All or					
Closure Status: Removed In-Place Chg-in-Svc <u>(NA)</u>	<input type="checkbox"/> All or					

SITE SKETCH



Tank #

1

2

3

4

5

6

RELEASE DETECTION - TANKS

☒ Primary RD method present for ALL tanks & meets specific performance standards as stated in 280.43? ☐ NA☐ Manual Tank Gauging (MTG) ☐ All or☐ Tank Tightness Testing (TTT) ☐ All or

Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC) ☐ All or☐ Vapor Monitoring (VM) ☐ All orSite Assessment? Y N ☐ All or☐ Ground Water Monitoring (GWM) ☐ All orSite Assessment? (i.e. 3' < gw < 20') Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☒ All or☒ Interstitial Monitoring (IM) ☒ All or☐ SIR ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All orTank primary RD method? IM/ATG ☒ All orIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?

Y N NA ☐ All or

RELEASE DETECTION - PIPING

☒ Primary RD method present for ALL piping & meets specific performance standards as stated in 280.44? ☐ NA☐ ALLD (Pressurized Systems Only) ☒ NA (Suction) ☐ All orDate of test: _____ ☐ ELLD or ☐ MLLDPiping RD Primary Method?: LTT Monthly NA ☐ All or☐ LTT Date of test: _____ ☐ All or☐ Monthly Monitoring Method: ☐ All orVM GWM IM SIR Sump Sensor Other _____ ☐ All or☐ Deferred (Emergency Generators ONLY) NA ☐ All or

RELEASE DETECTION COMPLIANCE

Release detection systems operating properly? (Y) N ☒ All or

If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months?

(Y) N ☒ All orOf the last 12 months monitoring records, 10 were reviewed:Tanks (months) PASSED: 10 FAILED: 0 INVALID: 0Piping (months) PASSED: 10 FAILED: 0 INVALID: 0All non-passing results resolved? NA Y N ☐ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected ☒ All orIf equipment installed within the last 5 years, is the third party evaluation(s) available? (Y) N NA NW Pump ent onFor? ATG SIR IM Sensors ALLD Other In Compliance with Evaluation? (Y) N 03/02/09ATG/IM/SIR Equipment Manufacturer/Vendor: VEEDER ROOT Model: RS 350 CSLD

ALLD Equipment Manufacturer (optional): _____ Model: _____

TANK #

1

2

3

4

5

6

RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING**Tank & Piping Repairs**

Any repairs to the UST system(s) being conducted or completed?

Y

N

☒ All orIf yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA ☒ All or**Tank Lining**☐ Are any tanks internally lined? Y N NA ☐ All or☐ Tank lining inspected and in compliance? ☐ All or

Date of lining: _____

Date of PASSING internal inspection: _____ ☐ All or**Cathodic Protection**☒ CP met on all tank(s) and piping, including metal flex connectors, swing joints, etc.?☐ CP performing adequately based on testing results? --OR--☐ If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?

Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA

☐ CP on ☐ Tanks ☐ Piping ☐ Tanks & piping ☐ All or☐ Impressed Current System ☐ All or

Installation Date: _____ Set at _____ amps

☐ Last 3 (60-day) rectifier inspection records? ☐ All or

System On? Y N Observed amperage of _____ amps

☐ Sacrificial Anode System ☐ All or**Cathodic Protection Testing Frequency**☐ Was a 6-month CP test conducted after installation or repair (if applicable)?Test Date: _____ ☐ All orCovers: ☐ Tanks & piping ☐ Tanks ☐ Piping☐ Date of last CP test: _____ ☐ All orPassed? Y N Covers: ☐ Tanks & piping ☐ Tanks ☐ Piping☐ Date of previous test: _____ ☐ All orPassed? Y N Covers: ☐ Tanks & piping ☐ Tanks ☐ Piping**RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION**☒ Spill prevention devices present and functional?

Y

N

NA

☒ All or☒ Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)☐ Ball Float Valve - Operational? ☐ All or☐ Flow Restrictor (Auto Shutoff) - Operational? ☐ All or☒ Automatic Alarm

Operational and audible for delivery driver?

☒ All or☐ Spill / Overfill NOT Req'd (transfer \leq 25 gallons) ☐ All or

Inspector's Signature: _____

Date: _____

07/29/09

Notes:

Checklist
Maintenance Weekly

CSLD
Seven shots

Year	Month	Tank 1 / Piping 1	Tank 2 / Piping 2	Tank 3 / Piping 3	Tank 4 / Piping 4	Tank 5 / Piping 5	Tank 6 / Piping 6
09	June				P	P	P
09	JUNE				P	P	P
09	MAY	P	P	P			
09	APRIL	P	P	P	P	P	P
09	MARCH	P	P	P	P	P	P
09	FEB	P	P	P	P	P	P
09	JAN	P	P	P	P	P	P
08	Dec	P	P	P			
08	Nov	P	P	P			
08	OCT	P	P	P			
08	SEPT						
08	AUG	X	X	X			

For each tank and associated piping (if applicable), note whether the test result passed (P), failed (F) or was invalid (I). Also indicate if there are any records missing (M or “—”). If there are results for both tanks and piping for a particular month, state both results in the same box.